MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18485

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. MICHAELS; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MAY (Last) BAYNARD

4. DATE OF DEATH: (Month) AUG (Day) 23. (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 7, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. MICHAELS Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: LEWIS KIRBY

14. MOTHER'S MAIDEN NAME: ELLA JEFFERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ND (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MILTON BAYNARD. 2702 Berwick St Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease. 420.1 932	year +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June July, 1950, to date of death, 19....., that I last saw the deceased alive on July 6, 1950, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. P. Waite	MD	St. Michaels, Md	8/23/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Aug 26, 1950	OLIVET CEMETERY	St. MICHAELS. MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 25/50	Mrs. Robt. L. Seth	Newnam & Harrison	St. Michaels Md

RECEIVED
AUG 29 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

C8486

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cordova COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) PETER. (Middle) PAUL. (Last) COUNCELL
4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 6, 1873
9. AGE last birthday 77 yrs. If under 1 year: Months 3, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Owner Retired Farmer
11. BIRTHPLACE (State or foreign country) Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas H. Councell
14. MOTHER'S MAIDEN NAME Martha Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Florence Gambrill · Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	sudden
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY ARTERY DISEASE	several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BENIGN HYPERTROPHY OF THE PROSTATE same

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from around 1941, to Aug. 23, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE Kurt Cederer (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 8/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 25/50
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton Talbot Co (State) Md

DATE REC'D BY LOCAL REG. 8/24/50
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR Earl W. Stafford ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
SEP 11 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18487

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Matthews Store
LENGTH OF STAY (In this place): Seven Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) DOBSON

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 15, 1872

9. AGE Last birthday: 72 yrs. — If under 1 year: Months 6, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor - Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Longwoods Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Dobson Talbot Co Md

14. MOTHER'S MAIDEN NAME: Mary Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Elsie Nixon, Cordova, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Myocardial Chronic. — Interval Between Onset and Death: 4 yrs

938 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Gen. Art. Sel. — yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 11-19-48, to 8-13-50, that I last saw the deceased alive on 8-13-50, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: W F Buell — (Degree or title): MD — ADDRESS: Easton Md — DATE SIGNED: 8-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 19 50 — NAME OF CEMETERY OR CREMATORY: New Chapel Cemetery — LOCATION (City, town, or county) (State): Easton Talbot Co Md

DATE REC'D BY LOCAL REG. 8/14/50 — REGISTRAR'S SIGNATURE: M.H. Neeres

24. FUNERAL DIRECTOR — ADDRESS: Talbot Stafford Easton Md.

52086

RECEIVED
AUG 22 1960
BUREAU W. S.

8/20/50

08488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Miles (Middle) (Last) Felton
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1902 ~~1902~~
9. AGE last birthday 48 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Cannery
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Felton
14. MOTHER'S MAIDEN NAME Katie Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Katie Felton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 3rd degree burns. torso & head — INTERVAL BETWEEN ONSET AND DEATH: 9 days

916.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

181

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Tilghman (COUNTY) Tal. (STATE) Md
TIME OF INJURY (Month) Aug (Day) 20 (Year) 1950 (Hour) 5 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Gasoline stove exploded

22. I hereby certify that I attended the deceased from PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5 35 p m., from the causes and on the date stated above.

SIGNATURE Louis Whitty (Degree or title) MD Dne ADDRESS Easton Md DATE SIGNED 8-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 31.
NAME OF CEMETERY OR CREMATORY Sherwood Col.
LOCATION (City, town, or county) Sherwood. Talbot (State) Md

DATE REC'D BY LOCAL REG. 8/30/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Luddmore Tilghman ADDRESS Md.

496 XI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1950
BUREAU

8/6

18489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton - LENGTH OF STAY (in this place) 9 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchill Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Will (Last) Green -

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1950

5. SEX m.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed.
8. DATE OF BIRTH Oct 29, 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant Farmer
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr William F. Green
14. MOTHER'S MAIDEN NAME Annie Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Mr Henry Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial infarction due to arteriosclerotic	8/3/50
	(c) Coronary disease	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6/, 1950, to 8/15, 1950, that I last saw the deceased alive on 8/14/, 1950, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

SIGNATURE R Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 17-50
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REG. 8/16/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Md

800 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 22 1960
BUREAU W.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08490

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Balto. City COUNTY 641 W. Vine St.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIE (Middle) ALBERT (Last) GREEN

4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1950

5. SEX Male.

6. COLOR OR RACE Color

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 24, 1899

9. AGE last birthday 51 yrs. If under 1 year: Months 3, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canning house

10b. KIND OF BUSINESS OR INDUSTRY Labor

11. BIRTHPLACE (State or foreign country) Mon. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Green

14. MOTHER'S MAIDEN NAME Louise Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-12-6993

17. INFORMANT AND ADDRESS Annie Baily Cordova, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased from~~ PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at C/A m., from the causes and on the date stated above.

SIGNATURE Louis J Nutty MD. (Degree or title) ADDRESS Easton Md DATE SIGNED 8-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 9/2/50 NAME OF CEMETERY OR CREMATORY Richard LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 8/30/50 REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Earle Stafford ADDRESS Easton Md.

699X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

RECEIVED
SEP 6 1950
BUREAU

7/31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08491

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rev. (Middle) Arthur Lee (Last) Grey

4. DATE OF DEATH (Month) Aug. (Day) 7 (Year) 1950

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 26, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Methodist
10b. KIND OF BUSINESS OR INDUSTRY Minister
11. BIRTHPLACE (State or foreign country) Md Berlin
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None ~~Unknown~~
17. INFORMANT Mrs Effie Blan Grey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) apoplexy	7/28/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis generalized	3 years
	(c)	

334X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/, 1950, to 8/7/, 1950, that I last saw the deceased alive on 8/7/, 1950, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE P E Cox (Degree or title) M-D- ADDRESS Easton Md DATE SIGNED 8/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/9/50
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 8/7/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam Son ADDRESS

V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1930
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08492

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman, Md.; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) C. (Last) HONEY

4. DATE OF DEATH: (Month) Aug (Day) 4, (Year) 50

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: APRIL 15 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General Labor

11. BIRTHPLACE (State or foreign country): Wittman, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Honey

14. MOTHER'S MAIDEN NAME: Susie Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 220-12-0244

17. INFORMANT: Mrs. Mary Ann Henry, Bozman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 Days
331X 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	5 yrs
	(c) V	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. V

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bryan Reese M.D. ADDRESS Tilghman, Md. DATE SIGNED 8-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 7, 1950
NAME OF CEMETERY OR CREMATORY: Bozman Church Cemetery
LOCATION (City, town, or county) (State): Bozman, Md.

DATE REC'D BY LOCAL REG.: Aug 6-50
REGISTRAR'S SIGNATURE: G. Dudley Sewell

24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison, St. Michaels, Md.

9869

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1950
BUREAU M. S

Evidence for change of age shown on:

FILM No. G 127 AUG 22 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8493

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FAIRBANK
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FAIRBANK
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) PAUL (Middle) H. (Last) KAPISAK

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED

8. DATE OF BIRTH: Sept 24. 1899

9. AGE last birthday: 50 ~~49~~ yrs. If under 1 year: Months 11 Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL STORE

11. BIRTHPLACE (State or foreign country): Tilghman Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Paul Kapisak Poland

14. MOTHER'S MAIDEN NAME: Anna Novk Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Paul Kapisak, Fairbank, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 hr
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	1½ yrs
94a	(c) Hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 19 50, to July 26, 19 50, that I last saw the deceased alive on July 26, 19 50, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Tilghman Md DATE SIGNED: 7/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: Aug 5. 1950

NAME OF CEMETERY OR CREMATORY: Church Cemetery

LOCATION (City, town, or county) (State): Tilghman Talbot Co. Md

DATE REC'D BY LOCAL REG.: August 5-50

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Newnam & Harrison 1567 St Michaels Md

RECEIVED
AUG 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118494

Reg. Dist. No. 240

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 128 West Street

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) (Last) Kellum

4. DATE OF DEATH (Month) August (Day) 20 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 1, 1866

9. AGE last birthday 84 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No Data

14. MOTHER'S MAIDEN NAME Harriett Pinkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Clara Stanley, Easton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the cervix — Interval between onset and death: 6-8 mo.

171X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
48a
(b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1950, to Aug. 20, 1950, that I last saw the deceased alive on Aug. 20, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE Hayward T. Pratt (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 8-21-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF August 24, 1950

NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery

LOCATION (City, town, or county) (State) Near Preston, Maryland

DATE REC'D BY LOCAL REG. 8/24/50

REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1
BUREAU

08495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Neavitt, Md.
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Neavitt, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	HETTIE	McQUAY	August	7,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	June 18, 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Bozman, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William N. McQuay	Margaret Ann Kerper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None	None	Mrs. William E. Higgins, Neavitt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Cerebral Hemorrhage	2 days
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage - Paralysis	6 mos
	(c) Hypertension, Arteriosclerosis	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 19..49, to [illegible], 19..50, that I last saw the deceased alive on [illegible], 19..50, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Murray Reese (Degree or title) MD ADDRESS: T. Elmer MD DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 9, 1950	Bozman Church Cemetery	Bozman, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 8, 50	Mrs Robert L. Seth	Newnam & Harrison, St. Michaels, Md.

VS. A15

52086

RECEIVED
AUG 9 1930
BUREAU V. S.

7/31

08496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location) Ridgely, Maryland

3. NAME OF DECEASED (Type or Print) (First) Mrs. Lena (Middle) M (Last) Miller
4. DATE OF DEATH (Month) August (Day) 3 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 27, 1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical
10b. KIND OF BUSINESS OR INDUSTRY Nurse
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr William Atkinson
14. MOTHER'S MAIDEN NAME Sarah Perry Cosden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown no
17. INFORMANT Mrs Nellie Paffin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Peritonitis	5 days
541.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 117 b	(b) Perforated duodenal ulcer	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxic heart disease with febrillation

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1950, to Aug 3, 1950, that I last saw the deceased alive on Aug 3, 1950, and that death occurred at 8 15 A. m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED 8/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/5/50
NAME OF CEMETERY OR CREMATORY Chestertown Md
LOCATION (City, town, or county) Chestertown (State) Md

DATE REC'D BY LOCAL REG. 8/4/50
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

76086

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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RECEIVED
AUG 16 1950
BUREAU V. S.

M

C

08497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 Mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Parks I

4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8/19/50
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 3 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wayne Parks
14. MOTHER'S MAIDEN NAME Corrine Brenham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wayne Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Polyhydramnios & Prematurity wt 1 lb.	3 min
7735 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
159	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 am 8/19/50, 19 , to 8/19/, 1950, that I last saw the deceased alive on 8/19/, 1950, and that death occurred at 11 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Cox M.D. Easton Md

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 8/20/50
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 8/20/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Memorial Hospital
ADDRESS Easton

2-1-8-19-0-18-2-16-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08498

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 53 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) Parks (Last)

4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 8/19/50

9. AGE last birthday yrs.

If under 1 year Months Days

If under 24 hrs. Hours 53 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wayne Parks

14. MOTHER'S MAIDEN NAME Corrine Brenham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Wayne Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Polyhydramnios & Prematurity - Multiple 53 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

773.5
159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1:10 a.m. 8/19/50 to 8/19/50, that I last saw the deceased alive on 8/19/50, and that death occurred at 12:00 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M D Easton Md

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 8/20/50

NAME OF CEMETERY OR CREMATORY Memorial Hospital

LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 8/20/50

REGISTRAR'S SIGNATURE M. H. Nevins

24. FUNERAL DIRECTOR Memorial Hospital

ADDRESS Easton

2-1-8-19-0-18-3-16-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1980

Died 9:10 A.M.

Harness 3-5491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE, (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) Idlewild Ave.

3. NAME OF DECEASED (Type or Print): (First) Bettie (Middle) E. (Last) Sanger.

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 3, 1852

9. AGE last birthday: 98 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Roanoke, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry J. Pobst.

14. MOTHER'S MAIDEN NAME: Sara B. Stower.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ella Fike - Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Arteriosclerotic Heart Disease	2 years
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	10-15 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1950, to 8-16, 1950, that I last saw the deceased alive on 8-14, 1950, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John R. Smith, Jr. M.D. 214 E. Dover Street Easton, Md. 8/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Aug 17, 1950; NAME OF CEMETERY OR CREMATORY: Fairview; LOCATION (City, town, or county) (State): Cordova, Md.

DATE REC'D BY LOCAL REG. 8/16/50; REGISTRAR'S SIGNATURE: N. H. Nelms

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son; ADDRESS: Easton, Md

VS. A15

RECEIVED
AUG 22 1950
BUREAU

1/25

08500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Virginia (Last) Skinner

4. DATE OF DEATH (Month) August (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 4, 1924
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roy Skinner
14. MOTHER'S MAIDEN NAME Lillian Helen Luggens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Minnie Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

705,4 Immediate cause (a) Lupus Erythematosis — INTERVAL BETWEEN ONSET AND DEATH 8 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

153 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1950, to Aug 1, 1950, that I last saw the deceased alive on 7-31, 1950, and that death occurred at 7.43 p.m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) MD ADDRESS Easton Md DATE SIGNED Aug 2.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/4/50
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe Md (State)

DATE REC'D BY LOCAL REG. 8/2/50
REGISTRAR'S SIGNATURE N. H. Neeree
24. FUNERAL DIRECTOR Lewis H Bayne ADDRESS Cambridge Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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AUG 16 1950
BUREAU

08501

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton-rural — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton-rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Matthewstown Rd.

3. NAME OF DECEASED (Type or Print)	(First) Lester	(Middle) James	(Last) Skinner	4. DATE OF DEATH	(Month) Aug.	(Day) 21	(Year) 1950
5. SEX male	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Dec. 10, 1927	9. AGE last birthday 22 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Talbot Co. Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Russell Skinner	14. MOTHER'S MAIDEN NAME Myrtle Dudley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 213-22-6825	17. INFORMANT Virginia Skinner					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — died about 11:30P — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) G.S.W. neck — minutes

981X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

166

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) yard at home	(CITY OR TOWN) Easton rural	(COUNTY) Talbot	(STATE) Md
TIME OF INJURY (Month) 8 (Day) 21 (Year) 50 (Hour) 11:15P	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Shot in neck with 22 rifle		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis J Watts	MD DME	Easton Md.	8-22-50

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 8-26-50	NAME OF CEMETERY OR CREMATORY New Chapel Cemetary	LOCATION (City, town, or county) Easton, rural	(State) Md.
DATE REC'D BY LOCAL REG. 8/22/50	REGISTRAR'S SIGNATURE N. H. Neerus	24. FUNERAL DIRECTOR John S Williams	ADDRESS Easton, Md.	

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 11 1950

08502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Rural — LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) (Last) Soulsman
4. DATE OF DEATH (Month) August (Day) 11 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 13 1887
9. AGE last birthday: 62 yrs. — If under 1 year: Months 9, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Manager Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Grain & Dairy
11. BIRTHPLACE (State or foreign country): Bellevue Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Lizzie Soulsman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Louisa Soulsman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420 Immediate cause (a) Coronary Thrombosis — 10 Hr.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1945, to Aug 1, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer — (Degree or title): M. D. — ADDRESS: Easton, Md — DATE SIGNED: 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: August 14 1950 — NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery — LOCATION (City, town, or county) (State): Easton Md.

DATE REC'D BY LOCAL REG.: 8/12/50 — REGISTRAR'S SIGNATURE: N. H. Neckers — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
AUG 16 1960
BUREAU W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08503

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) 33 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) "Rivis Edge" Chestertown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marie	E.	Stetson	Aug	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	white	married	May 7, 1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Medina, Penn.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Burton Kephart	Fannie Luther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	no.	Mr. Bradford Skelton Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Carcinomatosis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of Breast	8 yrs.
(c)		

170 X
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 19 50, to Aug 11, 19 50, that I last saw the deceased alive on Aug 11, 19 50, and that death occurred at 9 40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. V. Palmer	M. D.	Easton, Md	8/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 13 1950	Alexander Cemetery	Madera, Clearfield Co. Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/50	N. A. Meeres	Marvin V. Williams	Chestertown Md.

RECEIVED
AUG 16 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8504

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) D. (Last) WALES

4. DATE OF DEATH: (Month) August (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 7, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Church Sexton

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): St. Michaels, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George B. McC. Wales

14. MOTHER'S MAIDEN NAME: Ella Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Robert D. Wales, St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive cardiac failure	6 weeks
410X Antecedent cause(s)		
92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral stenosis & insufficiency and hypertension	? years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonitis and bronchitis - mild — 10 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to August 20, 1950, that I last saw the deceased alive on August 20, 1950, and that death occurred at 3:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur F. Mitchell M. D. Talbot Street St. Michaels Maryland August 22 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 22, 1950 | NAME OF CEMETERY OR CREMATORY: Olivet Cemetery | LOCATION (City, town, or county) (State): St. Michaels, Md.

DATE REC'D BY LOCAL REG.: Aug 22, 50 | REGISTRAR'S SIGNATURE: Mrs Robert D. Wales | 24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md.

74094

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5

RECEIVED
AUG 23 1950
BUREAU W. S.

7/31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P8505

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) (Last) White
4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 17, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME West White
14. MOTHER'S MAIDEN NAME Emma Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Mary Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic heart disease	1 year
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/, 1950, to 8/15/, 1950, that I last saw the deceased alive on 8/15/, 1950, and that death occurred at 5.30 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/18/50
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) (State) Near Centerville, Md
DATE REC'D BY LOCAL REG. 8/16/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1950
BUREAU V. S

SECOND NAME OF DECEASED: Aff. of informant filmed 9-6-50 G127 LL

08506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 5 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 1731 E. 32nd St.

3. NAME OF DECEASED (Type or Print): (First) HERMAN (Middle) WILLIAM Fredk. (Last) WICKER
4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 28, 1908
9. AGE last birthday 42 yrs. If under 1 year: Months 11, Days 8; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Men
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore City Md
12. CITIZEN OF WHAT COUNTRY? W.H.A.
13. FATHER'S NAME WILLIAM F. WICKER.
14. MOTHER'S MAIDEN NAME KATHERINE MYERS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 216-09-5947
17. INFORMANT AND ADDRESS Flora Wicker 1731 E. 32nd St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1950, to Aug 9, 1950, that I last saw the deceased alive on Aug 9, 1950, and that death occurred at 12 30/p. m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D. ADDRESS Easton, Md DATE SIGNED 8/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Aug. 12 1950 — NAME OF CEMETERY OR CREMATORY Coleman Cemetery — LOCATION (City, town, or county) Edmondson ave Balto Md (State)
DATE REC'D BY LOCAL REG. 8/10/50 — REGISTRAR'S SIGNATURE N. H. Herrera — 24. FUNERAL DIRECTOR Earl W. Hafford — ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 16 1950
BUREAU V. S

8/27

08507

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County — Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. — LENGTH OF STAY (In this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Phila.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 3406 Tudor Street ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MR. Harry S Worrell, Jr.
4. DATE OF DEATH (Month) (Day) (Year) August 27 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 10, 1912
9. AGE last birthday 3.8 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rug Weaver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME MR. Harry S Worrell, Sr.
14. MOTHER'S MAIDEN NAME Matilda Atkinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. ~~Unknown~~ 202-03-3965
17. INFORMANT Mr Warren Tapper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824.5 Immediate cause (a) Shock from hemorrhage — 10 hrs.

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured liver & right kidney

(c) Trauma (auto accident)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/27/50
19b. MAJOR FINDINGS OF OPERATION Ruptured liver (right lame) + rt kidney
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road — (CITY OR TOWN) (COUNTY) Caroline (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 27 50 5 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Thrown from overturning auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis A Wirty M.D. DMCE (Degree or title) — ADDRESS Easton Md. — DATE SIGNED 8-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/31/50 — NAME OF CEMETERY OR CREMATORY N. Cedar Hill — LOCATION (City, town, or county) Phila. (State) Pa.

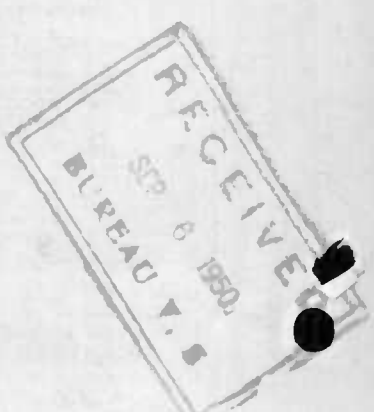
DATE REC'D BY LOCAL REG. 8/28/50 — REGISTRAR'S SIGNATURE N. H. Nevius — 24. FUNERAL DIRECTOR Maurice E. Newman & Son — ADDRESS Robert L. Manuel 6925 Frankford Ave. Phila Pa

49607

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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